



# FUTURE LEADERS LIBERTY PARTNERSHIPS PROGRAM APPLICATION

*The Liberty Partnerships Program provides students with services designed to improve academic performance and enhance students' potential for personal and academic success.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M ☐ F ☐

Student ID #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student E-mail address: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Black/non-Hispanic \_\_\_\_\_ White/Non-Hispanic \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Native American/Alaskan Native \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

## Parent Information

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
City State Zip Code

Best way to be contacted by Liberty (Check all that apply): \_\_\_\_\_ Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## Records Authorization

I (we) \_\_\_\_\_ authorize Niagara County Community College's Liberty Partnerships Program (NLPP) to obtain and review school records, which includes but is not limited to report cards, social/emotional assessments, Indigo report, transcripts, attendance records, discipline referrals and college acceptance letters, or any other relevant materials and assessments; understanding the records will be used in planning appropriate support services for my son/daughter. I (we) understand that all information obtained will remain confidential. I grant NLPP, the right to take photographs and /or videotape my child in connection with NLPP activities and/or services. I agree that NLPP may use such photographs of my child for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be signed by at least one parent/guardian who is legally responsible for the child.*

Signature (Guidance Counselor): \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Eligibility: 1 2 3 4 5 6 7 8 9 10 11 12: \_\_\_\_\_

Accepted ☐

Denied ☐

Wait List ☐

Signature (Project Director): \_\_\_\_\_ Date: \_\_\_\_\_